

# 2011 Military Health System Conference

## Mental Health Staffing: Where We Were, Where We Are, and Where We're Going

*The Quadruple Aim: Working Together, Achieving Success*

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Navy Medicine  
World Class Care...Anytime,  
Anywhere

# Navy Medicine & PHRAMS



**CONUS MTF**



**OCONUS MTF**



**Navy Medicine**  
**World Class Care...Anytime,**  
**Anywhere**

**Hospital Ships**



**Aircraft Carriers**



**Casualty Receiving**



**Blood**



**Expeditionary Medicine**



**Fleet Marine Force**



**Preventive Medicine**



**Fleet Surgical Support**



# Total Force Background

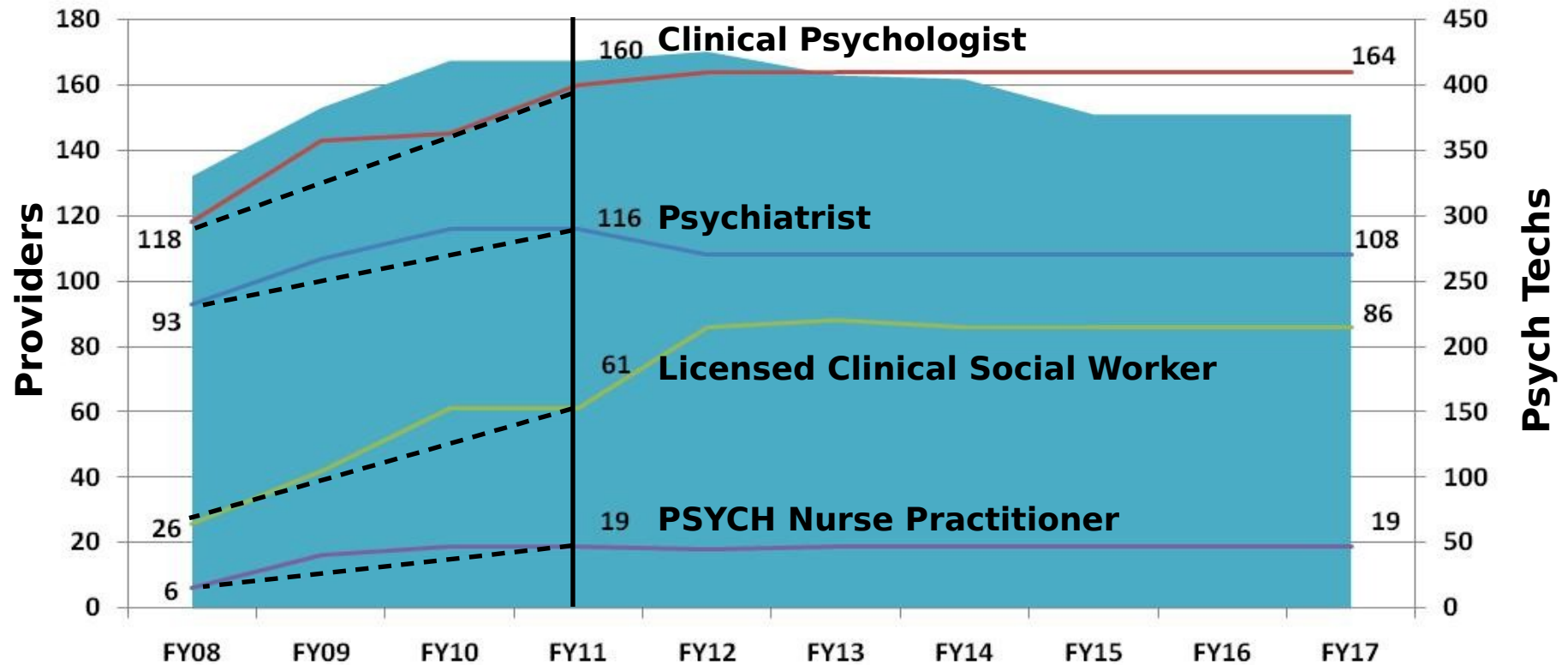


- Where we were: Oct '07, Mental Health Working Group: needs assessment level
  - 105 provider deficit (Psychiatry, Psychology, Social Work, Psychiatric Nursing) to fill authorized billets and meet deployment requirements
    - Complicating the 105 gap
      - Congressional Mandates: Mil to Civ Conversions, Reversals, and Restorals
      - Scope: Social Work, Occupational Therapy, Audiology
      - Culture: stigma of mental health
- Where we are: evaluating alignment of resources

# 714



## Increase DoD Mental Health Capabilities: Active Duty Navy



**2006**  
Post Deployment  
Health &  
Readiness  
Assessment  
(PDHRA)

**2007**  
Navy Medicine  
Mental Health  
Working Group  
(OIPT)

**2008**  
Psychological  
Health  
(PH)

**2008**  
Traumatic  
Brain Injury  
(TBI)

**2009**  
Wounded III  
& Injured  
(WII)

2011 MHS Conference

# Methodology of Moving Forward



- Analyze the shadow effects of the long war:
  - Estimate the size of risk adjusted population demand for psychological health for each environment (MTF, Program, Operational, Home)
    - PHRAMS unique statistical estimation of demand
      - data source M2
  - Analyze purchased or direct care demand on the health system
    - Demand Based Staffing Model (DBSM) – data source M2
  - Conduct local market labor analysis
    - (ALTARUM Market Staffing Analysis)

# Observations & Recommendations



- Funding: infusion of cash drives initial inefficiencies
- Support Staff Ratios: analysis by mental health specialty by tasks and programs
- Enhance use PHRAMS: statistical analysis profiles to improve education, training, and readiness for pre and post deployment
- Explore alternative technologies: telemedicine and personal avatar
- Evaluate feasibility of on/off ramps with the PHS
- Leverage PHRAMS as an approved Tri-service tool, not as the single MHS Model

# Questions/Comments



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